FATAL NOTIFICATION

HAS NOTIFICATION TO FA	AMILY BEEN MADE?: Y() N() IS THIS FORM	RELEASABLE	TO THE MEDIA?: Y () N () WHEN:
TROOPER:	CASE NUM	MBER:	BA	DGE: PHONE #: ()
DATE OF INCIDENT:	TIME OF I	INCIDENT:	TYPE OF INCIDENT:	
LOCATION:	NEARES	ST TOWN:	COUNTY:	
DIRECTION		TOT.	AL NUMBER OF	F VEHICLES INVOLVED:
ASSISTING TROOPER(S): _	OOPER(S): SUPERVISOR:			
VEHICLE (S) INVOLVED:				
#1- YEAR: #2- YEAR: #3- YEAR: #4- YEAR: PEOPLE INVOVLED:	MAKE:MAKE:MAKE:	MODEL:		LIC #/ST:
	D	.O.B.: CIT	Y THEY ARE FR	OM:
VEH#: DRIVER (INJURED: YES () or NO ()) or PASSENGER () TYPE(S) OF INJURIES:	FATAL: YES () or NO	() S	DIRECTION TRAVELING:
NAME:	D	.O.B.: CIT	Y THEY ARE FR	OM:
VEH#: DRIVER (INJURED: YES () or NO ()) or PASSENGER () TYPE(S) OF INJURIES:	FATAL: YES () or NO	() S	SEATBELT: YES () or NO () DIRECTION TRAVELING:
NAME:	D	OB· CIT	Y THEY ARE FR	OM:
VEH#: DRIVER (INJURED: YES () or NO ()) or PASSENGER () TYPE(S) OF INJURIES:	FATAL: YES () or NO	() S	SEATBELT: YES () or NO () DIRECTION TRAVELING:
NAME:	D	.O.B.: CIT	Y THEY ARE FR	OM:
VEH#: DRIVER (INJURED: YES () or NO () INJURED TAKEN TO:) or PASSENGER () TYPE(S) OF INJURIES:	FATAL: YES () or NO ARRESTS OR CITATIO	() S I DNS:	SEATBELT: YES () or NO () DIRECTION TRAVELING:
				Y()N()HOW LONG:
				, DISPATCH

WHAT HAPPENED (DETAILS):